



General Health and Safety

New POLICY NUMBER:	Date Adopted: Reviewed: 8.5.25	APPOINTING AUTHORITY APPROVAL: Hope Learning Academy of Toledo School Board
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401 Health Services

Prior to November 1 of the school year in which a child is enrolled for the first time in either kindergarten or first grade, the child shall be screened for disorders in hearing, vision, speech and communication, for general health or medical problems, and for developmental disorders. This screening, or any of its elements, may be provided directly by the School or by contract with another person or governmental entity. The School may also establish a list of approved providers of screening services and request the parents to utilize one of these providers.

Prior to August 1, the parents or guardians of any child entering school for the first time must be provided with information about the screening program. If the School has determined that screening is to be obtained by the parents or guardians, it must prepare a list of providers together with information about screening services available in the community to those who cannot afford them. A parent or guardian may reject the requested screenings by signing a written statement to the effect that he/ she does not wish to have his/ her child screened.

If the School provides hearing and vision screenings directly or by contract, the School shall utilize methods and testing devices that are approved by the department of health. The School shall keep an accurate record of such tests and of measures taken to correct such hearing and visual defect on a form approved by the Director of Health, and shall make statistical data from such records available to official state and local health, education, and human services departments and agencies. Individual records shall be made available to such departments and agencies only under the circumstances described in R.C. 3313.50. If the results of any health screening reveal the possibility of special learning needs, the School is required to conduct further assessment in accordance with Ohio's handicapped education laws.

R.C. 3313.50; 3313.673; 3313.69; 3314.03.

402 Use of Medications Policy

The School shall not be responsible for the diagnosis and treatment of student illness. The administration of prescribed medication and/or medically prescribed treatments to a student during school hours will be permitted only when failure to do so would jeopardize the health of the student, or the student would not be able to attend school if the medication or treatment were not made available during school hours, and, only if a physician's request is completed. See Appendix 402-A Physician's Request for Medication Form.

In the case of an emergency, only the custodial parent can authorize treatment or designate alternative individuals to make those decisions in his or her absence. However, if all reasonable measures to contact the custodial parent and his/her designees have failed, the School may seek authorization from an involved non-custodial parent (i.e. a parent who has rights of unsupervised visitation with the child).

For purposes of this policy, "medication" shall include all medicines including those prescribed by a physician or other licensed health professional authorized to prescribe medicine and any nonprescribed (over-the-counter) drugs, preparations, and/or remedies. "Treatment" refers both to the manner in which a medication is administered and to health-care procedures which require special training, such as catheterization.

The total responsibility for dispensing or administering any medication or treatment shall rest solely with the parent(s) and their child. Before any medication or treatment may be administered to any student during school hours, the School shall require the written prescription from the child's physician with detailed instructions, written promises of the physician and the parent to forward any changes in the prescription or instructions to the school immediately upon change and to ensure delivery to the appropriate staff. This must be accompanied by the written authorization and waiver of the parent. This document shall be kept on file in the main office of the School with the secured medical files.

Only medication in its original prescription bottle labeled with the date of prescription, student's name, and exact dosage will be administered and only in the presence of another adult. Parents, or students authorized in writing by physician and parents, may administer medication or treatment but only in the presence of an adult staff member assigned for that purpose.

Only Staff Members who are licensed health professionals or who have completed a Board-approved drug administration program conducted by a licensed health professional may administer to a student a drug prescribed for the student. They may also assist a student with self-administration of medications by doing the following (1) remind the student when it is time to take a medication and observe to ensure that the student follows the directions on the container; (2) assist the student in the self-administration of medication by taking the medication in its container from the area where it is stored and handing the container with the medication in it to the student; (3) assist upon request by or with the consent of, a physically impaired but mentally alert student, in removing oral or topical medication from the container and in taking or applying the medication.

A licensed health professional, or a Staff Member who has completed a Board-approved drug administration program conducted by a licensed health professional, may administer any medication requiring intravenous or intramuscular injection or the insertion of a device into the body when both the medication and the procedure are prescribed by a licensed health professional authorized to prescribe drugs, and the nurse/Staff Member has completed any and all necessary training.

Students who may require administration of an emergency medication may have such medication, identified as stated above, stored in or by the School's office and administered in accord with this policy. The Principal or his/her designee may prepare and distribute administrative guidelines to ensure the proper implementation of this policy.

As long as the School or any person administering medication (a) is authorized by the Board to administer medication; (b) has the prescriber's signed statement; (c) has the parents signed authorization, which includes a promise to submit any changes to the prescription; and (d) the person has not acted in a grossly negligent or wonton or reckless manner, then that person shall not be liable for civil damages for administering or failing to administer medication.

R.C. 3313.711; 3313.712; 3313.713.

See Appendix 402-A Physician's Request for Medication Form and Appendix 402-B Notice to Parents Regarding Medication Policy.

402.1 Care of Students with Diabetes

The School shall ensure that each Student with diabetes enrolled in the School receives appropriate care in accordance with orders signed by the Student's treating practitioner. Appropriate care may include any of the following:

1. Checking and recording, or assisting the Student with checking and recording, Student's blood glucose levels and ketone levels;
2. Responding to blood glucose levels that are outside of the Student's target range;
3. Administering glucagon and/or other emergency treatments, as prescribed, in the event that Student experiences severe hypoglycemia;
4. Administering, or assisting the Student in self-administering, insulin through whatever insulin delivery method the Student uses;
5. Providing oral diabetes medications as needed and prescribed;
6. Understanding recommended schedules and food intake for meals and snacks so that dosages may be calculated pursuant to the orders of the Student's treating practitioner;
7. Following any instructions regarding meals, snacks and physical activity provided by the Student's treating practitioner; and
8. Administering diabetes medication by the School nurse or by a School employee trained in diabetes care.

Diabetes medication shall be kept in a location that is easily accessible.

No Student shall be restricted from attending the School on the basis that the Student has diabetes, that the School does not employ a full-time school nurse, or that the School does not have an employee trained in diabetes care. Parents of a Student with diabetes shall not be required or otherwise pressured to provide diabetes care at the School or during School-related activities.

Parental Notice of Rights under Section 504

The Principal or his/her designee shall inform the Student's Parent that the Student may be entitled to a Section 504 plan regarding the Student's diabetes no later than fourteen (14) days after receiving an order signed by a Student's treating practitioner indicating that a Student has diabetes. See **Appendix 402.1-A** Sample Letter to Parents About 504 Plans.

Once notice has been given to the Parent, the School shall comply with all other policies and procedures for the development of a Section 504 plan as if the Student was any other Student with a qualifying disability.

School Administration of Diabetes Medication

Diabetes medication prescribed for a Student may be administered so long as all of the following conditions are met:

1. The Principal or his/her designee has a signed, written request from the Parent that the diabetes medication is to be administered, which includes a promise to submit any changes to the prescription;
2. The Principal or his/her designee receives a statement, signed by the prescriber of the medication that includes:

- a. the name and address of the Student,
 - b. identifies the School and class in which the Student is enrolled,
 - c. states the name and dosage of the diabetes medication and the times or intervals at which the medication is to be administered,
 - d. the date administration of the diabetes medication should begin and end,
 - e. any severe adverse reactions that should be reported to the prescriber and one or more phone numbers at which the prescriber can be reached in the event of an emergency, and
 - f. any other special instructions for administration of the diabetes medication, including sterile conditions and storage; and
3. The Parent provides the diabetes medication in the original container in which it was dispensed by the prescriber or a licensed pharmacist and the container indicates that the Student is the proper recipient of any dosage of the medication.

Student Self-Administration of Diabetes Medication

On the written request of the Student's Parent or treating practitioner, the School shall permit a Student to provide for his/her own diabetes care in accordance with the orders of the Student's treating practitioner during regular school hours and School-sponsored activities in his/her classroom, in any area of the School or school grounds, and at any school-related activity. At the request of the Student or his/her Parent, the School shall provide the Student with access to a private area for performing diabetes care tasks.

The Student shall be permitted to possess on his/her person all necessary supplies and equipment to perform such tasks at all times. If the Principal or his/her designee determines that the Student has performed any diabetes care tasks or used medical equipment for purposes other than the Student's own care, the Board or its designee may revoke the Student's permission to provide for his/her own care.

Training

The Board may approve training that complies with the nationally recognized guidelines adopted by the Ohio Department of Education in order to instruct employees of the School who wish to be able to attend to Students with diabetes. Participation in training is voluntary. Training shall be coordinated by the School's nurse, or if the School does not employ a nurse, by a licensed health care professional with expertise in diabetes. Upon completion of the training, the Principal or his/her designee shall have the discretion to determine which employees are competent to provide diabetes care to Students.

Training shall take place prior to the beginning of each school year or as needed but not later than fourteen (14) days after the School receives an order signed a treating practitioner indicating that a Student has diabetes.

The Principal or his/her designee may distribute written notice to each employee of the School in search of employees to be trained. The notice must contain a description of the tasks to be performed, that training will be provided by a licensed health care professional, and the method of indicating interest in participating in such training. Any notice must state that participation in training is voluntary, that the employee will not be adversely affected should he/she choose not to participate in training, and that a trained employee will be immune from liability for their actions in providing for the care of a Student with diabetes.

The Board may approve training in the recognition of hypoglycemia and hyperglycemia and emergency response procedures for any School employee who has the primary responsibility of supervising a Student with diabetes during some portion of the school day or to any bus driver that the School employs or contracts with who is responsible for providing transportation to a Student with diabetes.

The Board shall not discourage employees from agreeing to provide diabetes care nor will employee be subject to a penalty or discipline for refusing to volunteer to be trained in diabetes care or for providing care or performing duties required to provide care for a Student with diabetes.

Reporting

The Board shall report to the Department of Education by December 31 of each year: (1) the number of Students with diabetes enrolled in the School during the previous school year, and (2) the number of errors in the administration of diabetes medication to Students with diabetes during the previous school year.

Immunity

Neither the School nor any member of the Board or employee of the School shall be held liable in damages in a civil action for injury, death, or loss to person or property allegedly arising from providing care or performing duties pursuant to R.C. 3313.7112, unless the act or omission constitutes willful or wanton conduct. Nothing in

R.C. 3313.7112 serves to eliminate, limit, or reduce any other immunity or defense that a School, member of the Board, or employee of the School may be entitled to under Chapter 2744 or any other provision of the Ohio Revised Code or under common law of the State of Ohio.

A school nurse or other licensed health care professional shall be immune from disciplinary action by the Board of Nursing or any other regulatory board for providing care or performing duties under R.C. 3313.7112 if the care provided or duties performed are consistent with applicable professional standards.

R.C. 3313.7112; R.C. 3313.713

See Appendix 402.1-A Sample Section 504 Notice Letter. See also Policy 228 Section 504 of the Rehabilitation Act of 1973 and Policy 402 Use of Medications.

403 Use of Inhaler/Epinephrine Autoinjector

A student may possess and use a metered dose inhaler or a dry powder inhaler to alleviate asthmatic symptoms, or before exercise to prevent the onset of asthmatic symptoms, and/or an epinephrine autoinjector to treat anaphylaxis at School, any School-related activity, event, or program sponsored by the School or in which the School participates, if both of the following conditions are satisfied:

- A. The student has the written approval of the student's physician and, if the student is a minor, the written approval of the parent, guardian, or other person having care or charge of the student. The physician's written approval shall include at least all of the following information:
 1. the student's name and address;
 2. the names and dose of the medication contained in the inhaler;
 3. the date the administration of the medication is to begin;
 4. the date, if known, that the administration of the medication is to cease;
 5. circumstances in which the inhaler and/or autoinjector should be used;
 6. acknowledgement that the prescriber has determined the student is capable of possession and using the inhaler and/or autoinjector appropriately and has provided the student with training in the proper use;
 7. written instructions that outline procedures School personnel should follow in the event that the asthma medication does not produce the expected relief from the student's asthma attack; and/or in the case of an epinephrine autoinjector, the Student is unable to administer the medication or the medication does not produce the expected relief from the student's anaphylaxis;
 8. any severe adverse reactions that may occur to the student using the inhaler and that should be reported to the physician;
 9. any severe adverse reactions that may occur to another student, for whom the inhaler is not prescribed, should such a student receive a dose of the medication;
 10. at least one (1) emergency telephone number for contacting the physician in an emergency;
 11. at least one (1) emergency telephone number for contacting the parent, guardian, or other person having care or charge of the student in an emergency;
 12. any other special instructions from the physician.
- B. The Principal or his/her designee has received copies of the written approvals required by Subparagraph 1 of this section.

If these conditions are satisfied, the student may possess and use the inhaler at School or at any activity, event, or program sponsored by or in which the student's School is a participant.

The School, a member of the Board or the Board's representatives, or any Staff or employee is not liable in damages in a civil action for injury, death, or loss to person or property allegedly arising from a Staff Member's prohibiting a student from using an inhaler because of a Staff Member's good faith belief that the conditions of Subparagraphs 1 and 2 of this Section had not been satisfied. The School, a member of the Board, the Board's representatives, or any Staff or employee is not liable in damages in a civil action for injury, death, or loss to person or property allegedly arising from a Staff Member's permitting a student to use an inhaler because of a Staff Member's good faith belief that the conditions of Subparagraphs 1 and 2 of this Section had been satisfied. Furthermore, when the School is required by this Section to permit a student to possess and use an inhaler because the conditions of Subparagraphs 1 and 2 of this Section have been satisfied, the School, any member of

the Board, or the Board's representatives, or any Staff or employee is not liable in damages in a civil action for injury, death, or loss to person or property allegedly arising from the use of the inhaler by a student for whom it was not prescribed.

This Section does not eliminate, limit, or reduce any other immunity or defense that a School, member of a Governing Authority, or Staff or employee may be entitled to under Chapter 2744, or any other provision of the Revised Code or under the common law of this state.

R.C. 3314.14; R.C. 3314.141; R.C. 3313.716, R.C. 3313.718

See Appendix 403-A Inhaler Permission Form and Appendix 403-B Epinephrine Autoinjector Permission Form.

403.1 Procurement of Inhaler/Epinephrine Autoinjector for Emergency Use

The School chooses not to procure or attempt to procure Inhalers and/or Epinephrine Autoinjectors (“Epi-Pens”) to be available on the premises of the School for use in emergency situations.

Should the Board decide to procure Inhalers or Epi-Pens in the future, the School will consult with a licensed health professional authorized to prescribe drugs to obtain a Prescriber-Issued Protocol and adopt a policy addressing the procurement of Inhalers and/or Epi-Pens, prior to any such procurement.

404 Health Examinations and Immunizations

Students enrolled in the School are required to have, at the time of initial entry into School and at the beginning of each School year thereafter, written evidence on file that they have been immunized against diphtheria, tetanus, pertussis, poliomyelitis, measles (rubeola), mumps, chicken pox, rubella, hepatitis B, and meningococcal disease, as required by Ohio law and applicable Ohio Department of Health (“ODH”) regulations and guidelines (collectively “Laws”). Adequate written evidence of such required immunizations shall consist of: (1) a signed physician’s statement indicating that the Student has received the required immunizations, including the immunizations received and the date of receipt; or (2) a signed statement by the Parent indicating that the Student has received the required immunizations, including the immunizations received and the date of receipt. In the case of a Parent’s statement, the Principal, in his/her sole discretion, may require any other evidence as s/he believes is needed to determine compliance with this policy including, but not limited to, a physician’s statement.

The School shall keep an immunization record for each student, available in writing to the student’s parent or guardian. No later than October 15 of each year, the School shall report a summary of the immunization records of all initial entry students to the director of health using the prescribed online reporting form, which may be accessed on the following website:
<https://www.odh.ohio.gov/odhprograms/bid/immunization/schdayca.aspx>.

In the event that (1) a Student has not received the required immunizations OR the Student is not “in the process” of receiving the required immunizations, as defined in Laws, and (2) the Student’s Parent has failed to submit adequate written evidence of the required immunizations as set forth in this policy, the Student shall be:

- Excluded from School until such time as the Student’s Parent submits adequate written evidence that the Student has received the required immunizations or is “in the process” of receiving required immunizations as defined by law, or that the Student is exempted from immunization requirements in accordance with this policy.
- Permitted to remain in School for no more than fourteen (14) days after initial enrollment in the School or, for a student previously enrolled in the School, more than fourteen (14) days after the beginning of the school year.

Students who do not comply with this policy and any other immunization requirements of Laws shall be excluded from School no later than the fifteenth day after admission or, for students not being initially admitted, no later than the fifteenth (15th) day after the beginning of the school year.

Any Student who is admitted or commences a school year who is “in the process” of receiving the required immunizations, pursuant to Laws, and who does not complete the required immunizations, shall be excluded from School no later than the fifteenth (15th) day of the following school year.

Any Student who is excluded for failure to comply with this policy shall be readmitted upon submission to the Principal of adequate written evidence, as set forth above, of compliance with this policy and the Laws.

Students may be exempted from required immunizations, subject to any requirements of Laws under the following circumstances:

1. A Parent may present a written statement to the Principal of objection to immunization for good cause, including religious convictions.
2. A Parent may present a written statement signed by a physician certifying that certain or all required

immunizations are medically contraindicated.

3. A Parent may present a written statement from the Parent or physician that the student has a history of measles (rubeola), mumps, and/or chicken pox and need not be immunized against the disease(s) for which the history so exists.
4. Pursuant to ODH regulations and guidelines, a parent may present laboratory testing results signed by a physician demonstrating that detectable rubella antibody is present in the Student and the Student need not be immunized against German measles (rubella).
5. Any other circumstances required by the Laws.

The Principal may require any other evidence s/he believes is needed to consider a request for exemption and, in his/her sole discretion, may determine whether to grant an exemption to required immunizations.

The School may deny admission to a Student otherwise exempted from the chicken pox immunization requirement, if the Director of the ODH notifies the Principal that a chicken pox epidemic exists in the School's population. The denial of admission shall cease when the ODH notifies the Principal that the epidemic no longer exists. The academic standing of a Student who is denied admission during a chicken pox epidemic may be preserved in accordance with the admission, testing, and other policies of the School, and subject to Principal and Board approval.

The Board and School shall follow the requirements and recommendations of Ohio law and the ODH, if any, with regard to tuberculosis testing of students.

R.C. 3313.67; 3313.671

405 Emergency Medical Procedures

Serious Illness Requiring Medical Attention

If a Staff member or Student is seriously ill or injured, and needs medical attention, that Staff or Student, or any Staff or Student who believes another person is seriously ill or injured, and needs medical attention, shall notify the Principal or his/her designee or another Staff member immediately.

If a Staff member is unsure about the severity of a person's condition or unable to evaluate the situation, he/she shall call the Principal's Office and:

1. Provide the name of person who is ill or injured.
2. Indicate where the injured or ill person is located.
3. Describe the main symptoms observed.
4. Request medical assistance.
5. Indicate whether it will be necessary to call the Rescue Squad.
6. Stay with the person and do not attempt to move him or her.
7. Be sure there is a person posted to route the Rescue Squad to the ill or injured.
8. Be sure the area is clear of unnecessary traffic and on-lookers.
9. Call 911.

406 Emergency Medical Authorization

The School will annually distribute to parents or guardians of all students the “Health & Fitness Parental Consent Form” and the “Emergency Medical Authorization Form.” In the event emergency medical treatment for a student is necessary, the School will adhere to the instructions on the authorization form.

Emergency Medical Authorizations will be kept in a separate, easily accessible file in the care of the Principal or his/her designee during the school year. At the end of the school year, the authorizations will be stored until being replaced the following school year.

Any time a student or a group of students are taken away from the School's facilities as participants in a school event, the staff in charge of the event must take the Emergency Medical Authorizations for those students. This includes, and is not limited to, music trips, athletic trips, field trips, and academic contest participants. This does not include student spectators at events.

Whenever it is necessary for staff members to use emergency procedures in order to care properly for a student, they are to take standard safety precautions, follow the procedures described in the Emergency Medical Procedures policy (Policy 405), and are not to abide by any “Do Not Resuscitate” (DNR) agreement that may exist for a student, unless ordered to do so by a court of law.

See Appendix 406-A Health and Fitness Parental Consent Form and Appendix 406-B Emergency Medical Authorization Form.

407 Control of Communicable Diseases

The School recognizes that control of the spread of communicable disease is essential to the well-being of the school community and to the efficient operation of the School.

For purposes of this policy, “communicable diseases” shall include Amebiasis, Campylobacteriosis, Chickenpox, Cholera, Conjunctivitis, Cryptosporidiosis, Cyclosporiasis, Diarrhea (infectious or of unknown cause), Diphtheria, Ebola Virus, Escherichia coli (E. coli) O157:H7 or hemolytic uremic syndrome (HUS), Giardiasis, Hepatitis A, Measles, Meningitis (aseptic, and viral meningoencephalitis, but not including arthropod-borne disease), Meningococcal disease, Mumps, Pediculosis, Pertussis (whooping cough), Plague, Rubella, Salmonellosis, Scabies, Shigellosis, Smallpox, Streptococcal infection, Tuberculosis (TB), Typhoid fever, Typhus, Viral hemorrhagic fever (VHF), Yellow fever, and Yersiniosis. This list is not exhaustive and may be modified in accordance with State and Federal law.

In order to protect the health and safety of the students, school personnel, and the community at large, the School shall follow all state and federal laws and Board of Health regulations that pertain to communicable disease.

On the recommendation of a physician or a nurse, a teacher may exclude from the classroom and the Principal or his/her designee may exclude from the building or isolate in the School any student who appears to be ill or has been exposed to a communicable disease.

The School shall:

1. instruct teaching staff members in the detection of disease and measures for its prevention and control;
2. remove from School property to the care of a responsible adult any student identified and excluded in accordance with this policy;
3. prepare standards for or follow the health department of Center for Disease Control guidelines for the readmission of a student who has recovered from communicable disease; and
4. file reports as required by law and the State Department of Health.

Specific procedures outlined in the Appendices should be adhered to where applicable.

See Appendix 407-A Communicable Disease Procedure and Appendix 407-B Ebola Virus Disease Specific Procedures, 407-C COVID-19 Specific Procedures. See also Policies 405, 408, 409, 411, and 412.

408 Non-Casual-Contact Communicable Diseases

The Board seeks to provide a safe educational environment for Students. This can best be accomplished by assuring that all persons in the school community understand the method of transmission and prevention of diseases that are not contracted through air-borne pathogens, but rather through direct contact with body fluids and excretions, especially blood, vomit, feces, or urine. The Board is also committed to assuring the confidential status of individuals who may have been diagnosed with a blood-borne communicable disease.

For purposes of this policy, these diseases shall include:

1. HIV (human immunodeficiency virus);
2. AIDS (acquired immune deficiency syndrome);
3. AIDS related complex (condition);
4. HAV, HBV, HCV (Hepatitis A, B, C); and
5. other diseases that may be specified by the State Department of Health as contact communicable diseases.

The Board recognizes that Students who have contracted these diseases may not exhibit symptoms for many years after exposure and may, in fact, not be aware that they have contracted the disease. They are, however, able to transmit the disease to other individuals.

The Board directs the Principal to assure that Students who reveal the fact they have contracted one of these diseases will have their status safeguarded in accordance with federal and state statutes dealing with confidentiality and that their civil rights will be respected. Should a Student be unable to attend school as a result of illness, an alternative education program shall be provided in accordance with the Board's policy, Ohio law, and administrative guidelines.

409 Control of Blood-Borne Pathogens

The School seeks to protect those Staff Members who may be exposed to blood-borne pathogens and other potentially-infectious materials in their performance of assigned duties at the School.

If the School identifies a category of employee whose duties create a reasonable anticipation of exposure to blood and other infectious materials, then it shall contact its legal counsel to devise an appropriate procedure.

410 Head Lice

When a suspected case of head lice is brought to the Principal or his/her designee's attention, the Student will be examined. If the examination detects the presence of head lice and/or nits (lice eggs) in the scalp and hair, the Student's Parents will be informed via telephone of the discovery and of the Student's exclusion from classes. Parents will be advised to remove the Student from the School for proper pediculicide treatment. The School will give Parents a copy of **Appendix 410-A** Ohio Department of Health Head Lice Information Pamphlet. If any siblings attend the School, the siblings will be examined for head lice and/or nits.

After the Student has been treated and is ready to return to School, the Student must first report to the Principal's office or school nurse's office accompanied by an adult to be examined by the school nurse or Principal or his/her designee. The Student may return to class if: [check one] the Student is free of live head lice; or the Student is free of both live head lice and nits. If Principal or his/her designee is not satisfied that the Student is sufficiently free of live lice and/or nits as required by this policy, the Student will be sent home with the Parents and may attempt to return to School again the following day. The Student will be re-examined for live head lice one (1) week after the Student is allowed to return to class.

When lice are detected in a classroom, the rest of the class will be examined to identify possible presence of lice or nits. When three or more students in any classroom are found to have head lice, the Principal or his/her designee shall send informative materials home with each class member.

See Appendix 410-A Ohio Department of Health Head Lice Information Pamphlet.

411 Infectious Disease Policy

Viral infections may be present in human blood or other bodily fluids. Therefore, the following routine procedures should be used when providing care that will expose the care giver to human blood, bodily fluids, and excrement unless directed by emergency medical or other healthcare provider, law enforcement or fire department, or local, state, or federal official. These procedures are necessary to safeguard against caretaker infection and the spread of infection within the classroom environment.

1. The caretaker should observe good hand washing, including before and after all contact with a child suspected of being ill, after any exposure to blood, bodily fluids (urine, saliva, sweat, feces, vomit, semen, etc.), and other potentially infectious materials and/or surfaces, and before caring for another child. If hands are visibly soiled, hands should be washed using soap and water and not alcohol-based hand rubs.
2. Waterproof disposable gloves must be worn to protect against possible open lesions on the caretaker's hands.
3. If available, personal protective equipment should be worn by the caretaker to protect against possible exposure of mucous membranes where there is a threat of possible exposure to certain highly communicable diseases, such as Ebola virus disease. Additional personal protective equipment, such as waterproof disposable gloves, fluid resistant or impermeable gowns, eye protection, surgical facemasks, disposable shoe covers, and leg coverings should be worn when entering areas where a caretaker could be exposed to a potentially infectious materials and/or surfaces or a child suspected of being ill with a highly communicable disease. Caretakers should carefully remove all personal protective equipment to avoid contaminating one's eyes, mucous membranes, clothing or other surfaces with potentially infectious materials and good hand washing should be performed immediately after removal of personally protective equipment.
4. Any open lesions on the child's body must be covered.
5. Any pregnant caretaker should wear a surgical mask when providing care involving exposure to a child's excrement.
6. Surfaces soiled with blood, urine, feces, vomits, etc., must be thoroughly washed with soap and water and then be disinfected with the disinfectant agent provided (MATAR or its equivalent), used per manufacturer's recommendation.
7. Personnel cleaning the spill must wear disposable gloves and wash hands thoroughly after removal of contaminated gloves. Personnel cleaning the spill of blood, bodily fluids, or surfaces that may have come into contact with materials or a child suspected of infection with a highly communicable disease should wear all appropriate personal protective equipment (see number 3 above). Hands should be washed thoroughly after removal of contaminated personal protective equipment. Personnel should follow closely the instructions of any emergency medical or other healthcare provider, law enforcement, or fire department, or local, state, and federal public health official in cleaning a spill.
8. Mops and towels must be thoroughly rinsed in the disinfecting agent and properly stored if they are to be reused. If further use will not occur, they must be properly double bagged and disposed with other waste materials. If mops, towels, or any other materials were used in the cleaning of blood, bodily fluids, materials or surfaces that may have come into contact with materials or a child suspected of infection with a highly communicable disease then the materials should be soaked in an appropriate disinfectant with a 10% solution of household bleach and water (1 part bleach, 9 parts water), double-bagged in a leak proof bag, and placed in a leak proof HAZMAT container.

Specific procedures for certain highly communicable diseases outlined in these guidelines should be followed.

49 C.F.R., Parts 171-180.

See Appendix 407-A Communicable Disease Procedure and Appendix 407-B Ebola Virus Disease Specific Procedure. See also Policies 405, 407, 408, 409, 411, and 412.